

Disability & Work --

Using Social Security Disability Programs to Move People Out of Poverty

Free Training

Sponsored by:
Montana Medicaid
Grant
No.1QACMS3053

Training by: Health & Disability Advocates

Training Dates & Locations:

Oct 1 & 2

Crowne Plaza Billings

27 N. 27th Street

Billings, MT 59101

406/252-7400

Oct 4 & 5

Guest House Inn & Suites

3111 Steel Street

Miles City, MT 59301

406/232-3661

Oct 9 & 10

Fort Peck Lodge

175 S. Missouri Avenue

Fort Peck, MT 59223

406/526-3266

Oct 11 & 12

Great Northern Inn

1345 First Street

Havre, MT 59501

406/265-4200

Many people with disabilities want to work, but fear losing access to critical programs like Social Security or health care under Medicaid and Medicare. [This training is designed to dispel myths](#) about working and disability programs.

Learn more about how-

- Social Security eligibility process works;
- Income from employment impacts continued eligibility for cash assistance from Social Security, health insurance from Medicare and/or Medicaid, and other public benefits programs;
- Recognize key Social Security Administration work incentives and how they can be utilized to support individuals with disabilities in employment;
- Obtain a “conversational knowledge” of the impact of employment on public benefits and how best to communicate these concepts to beneficiaries to support them in employment;
- Become [a resource in your community](#) on the supports available to assist individuals with public benefits and employment-related issues.

Who should attend: Employment service providers, VR counselors, community-based organization benefits eligibility specialists, case managers, case workers, state agency staff and other professionals who work with people with disabilities.

For more information, please contact [jacoburn@hdadvocates.org](mailto:jcoburn@hdadvocates.org).

Registration Form
Using Social Security Programs to Move People Out of Poverty

Name_____

Organization_____

Address_____

City_____State_____Zip_____

Telephone_____Fax_____

Email_____

Accommodations:

___Disk ___Large Print ___ASL Interpreter

___Other_____

Training You Will Attend:

_____ Billings

_____ Miles City

_____ Ft. Peck

_____ Havre

Please return this form by September 26, 2007 :

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